

UR Department

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(Claims & Billing)

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General Information

The Utilization Review (UR) Department is responsible for determining the medical necessity for services based upon an injured worker's clinical condition. Our staff utilizes evidence-based clinical guidelines from national and state authorities to guide utilization management involving prior authorization, concurrent review, and retrospective review.

- The medical provider who provides or prescribes medical treatment, equipment, or supplies must submit the request(s).
- **Final liability and payment decisions are the responsibility of the claims adjuster managing the claim.**
- **Services are reimbursable per [WSI Fee Schedule](#).**
- For information on billing, contact Customer Service at 800-777-5033.

Submitting a Prior Authorization Request

- Access the WSI [Claim Lookup](#) to obtain the claim number or status.
- Review this guide to determine if prior authorization is required
- Complete the [UR Review Request \(UR-C\)](#) form and fax it with supporting documentation at least 3 business days prior to the requested service begin date to 866-356-6433 or 701-328-3765.
- Upon receipt of the request and supporting documentation, WSI has 3 business days to complete the review.
- If not utilized within 3 months (6 months for elective fusions), the request must be re-submitted with updated medical information for additional review.
- To request an extension on the timeframe for previously approved physical or occupational therapy, work hardening or conditioning, chiropractic care, and speech therapy, call the UR department before the approval expires.

Submitting a Retrospective Review

- WSI will allow a retrospective authorization review if the provider has received a denied charge and can demonstrate one of the following:
 - The provider was not aware the condition was a work-related injury
 - The injured worker's claim status at time of service included: denied, presumed closed, or a claim not filed
- To initiate the retrospective authorization review process, complete the [Medical Bill Appeal \(M6\) form](#) and fax it with supporting documentation to 866-356-6433 or 701-328-3765.

Prior Authorization List

The following chart outlines services that require prior authorization by the respective department: UR or Claims Adjuster.

Service	Requirements	UR	Claims
Acupuncture	<ul style="list-style-type: none"> All acupuncture treatment requires prior authorization No more than 18 sessions may be paid over the life of a claim 	X	
Admissions (Inpatient Medical/Surgical Procedures) <ul style="list-style-type: none"> Inpatient Rehab Inpatient Surgeries Inpatient Psychiatric (non-emergent) Long Term Acute Care Subacute Swing Bed TCU 	<ul style="list-style-type: none"> Non-emergent admission requires at least 24 hours notification prior to the proposed admission or surgery Emergency/Urgent: no prior authorization required 	X	
Admissions (Nursing Home)			X
Ambulance (non-emergent transport)			X
Behavioral Health/Chemical Dependency <ul style="list-style-type: none"> Chemical Dependency Detoxification Psychiatric Evaluations 			X
Biofeedback			X
Chiropractic <ul style="list-style-type: none"> Chiropractic Acute Care Chiropractic Palliative Care Acupuncture by Chiropractor 	<ul style="list-style-type: none"> Reviewable after the window period of 6 visits or 60 days of care, whichever comes first One initial window period per claim, not per body part or diagnosis Limited to 2 modalities per visit during window period Complete the UR-Chiro form for treatment outside the window period and palliative care Palliative care also requires completion of appropriate pain form(s) All acupuncture treatment requires prior authorization See page 1 for extension of timeframe 	X	
Chronic Pain Management	<ul style="list-style-type: none"> Initial evaluation Chronic pain program 		X
Dental Procedures			X
Driving Assessment			X
Durable Medical Equipment (DME) <ul style="list-style-type: none"> External bone growth stimulator 	<ul style="list-style-type: none"> Refer to DME Guide 		X
Endurance Testing (Biodex, Cybex, B200)			X
Ergonomic Assessment			X
External bone growth stimulator	<ul style="list-style-type: none"> Complete UR-C form 	X	
Functional Capacity Evaluation/Assessment	<ul style="list-style-type: none"> Billed using WSI specific code W0540 PTA, COTA, ATC are not allowed to perform 		X

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Service	Requirements	UR	Claims
Home Health Care			X
Home Health Care PT/OT	<ul style="list-style-type: none"> • See PT/OT on page 4 	X	
Imaging <ul style="list-style-type: none"> • Arthrogram • Bone Scan • CAT/CT scan • Discogram • MRI • Myelogram • PET scan • Thermography 	<ul style="list-style-type: none"> • CT scans performed <i>within 30 days from date of injury</i> and directly related to work injury No Prior Authorization required 	X	
Independent Exercise Program	<ul style="list-style-type: none"> • Gym memberships • Aquatic/pool therapy • Complete C59a form • Billed using WSI specific code W0555 	X	
Injections <ul style="list-style-type: none"> • Botox • Cryoablation • Epidural steroid injection (ESI) • Facet joint injection • Facet nerve block (Medial Branch Blocks) • Facet rhizotomy • Hyaluronic acid injection (viscosupplementation) • Peripheral nerve block • Plasma rich injection • Radiofrequency ablation (RFA) • SI joint injection • Spinal nerve block • Stellate ganglion block • Stem cell injection/therapy • Sympathetic nerve block • Trigger point injections (TPI) exceeding 3 visits in a 2 month time frame requires review 	<ul style="list-style-type: none"> • No more than 20 TPIs may be paid over the life of a claim 	X	
Job Site Analysis			X
Neuro biofeedback			X
Outpatient Surgery Essentially all outpatient surgeries require prior authorization.	See Prior Authorization <i>NOT</i> Required chart on Page 5	X	
Pain pump implant		X	
Physician Consult or Referral			X

Prior Authorization List

The following chart outlines services that require prior authorization by the respective department: UR or Claims Adjuster

Service	Requirements	UR	Claims
Physical and Occupational Therapy (continued from page 3)	<ul style="list-style-type: none"> • Reviewable after window period of 10 visits or 60 days of care, whichever comes first • Initial evaluation or re-evaluation visit is included in the initial or post-surgical window periods • One initial window period per claim, not per body part or diagnosis • Window period expires 60 days from initial evaluation • Limited to 2 modalities per visit during window period • Time extensions do not apply to initial or post-surgical window period • Post-surgical (inpatient or outpatient) window is 10 visits or 60 days, whichever comes first • Treatment must start within 90 days after surgery date • Services may not exceed 4 units of timed and/or non-timed care per visit, unless otherwise approved • To request more than 4 units per visit, specify the number of units requested on the UR-C form • Physical Therapist Assistant (PTA), Certified Occupational Therapist Assistant (COTA), Certified Athletic Trainers (ATC) may be reimbursed when providing treatment under direction and general supervision of PT or OT • PT/OTs are responsible for the providers under their direction and supervision • Examinations, evaluations, diagnosis, prognosis and outcomes are the sole responsibility of the PT/OT • PTA/COTA/ATC are responsible for following the plan of care established by the PT/OT with direct therapist intervention and assessment every sixth visit or 30 days, whichever comes first, during the episode of care • See page 1 for extension of timeframe 	X	
Specialized Rehabilitation			X
Speech Therapy	<ul style="list-style-type: none"> • All speech therapy requires review after initial evaluation is completed. Complete UR-C form • See page 1 for extension of timeframe 	X	
Spinal stimulator trials and implants		X	
Workability Assessment	<ul style="list-style-type: none"> • One assessment allowed every 2 weeks, without prior authorization • Scheduled within 2 days prior to a physician visit <ul style="list-style-type: none"> ○ Utilized to accurately determine capabilities of the injured worker ○ Warranted only if the injury results in job restrictions • Required separate report, identifiable as the workability report, even if the assessment is completed on the same day as other therapy • Billed using CPT® code 97750 • Allowed maximum of 3 units (45 minutes) 		X

Prior Authorization List

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Service	Requirements	UR	Claims
Work Hardening/Conditioning	<ul style="list-style-type: none"> Complete C59b form See page 1 for extension of timeframe Billed using CPT® code 97545 (for initial 2 hours); CPT® code 97546 (add-on code, for each additional hour) 	X	
Wound VAC Dressing			X

Prior Authorization Not Required

<u>Outpatient Services</u>	<u>Outpatient Surgeries:</u>
<ul style="list-style-type: none"> Angiogram Bronchoscopy CT angiogram Colonoscopy Cystoscopy Echocardiogram Electrodiagnostic study <ul style="list-style-type: none"> Provider must be certified or eligible for certification by ABEM, ABPMR, AMNP EEG EKG Endoscopy Esophageal swallow study Hydrascan Indium scan for pain pump Indium scan for WBC check IV Therapy (outpatient) Joint injections <ul style="list-style-type: none"> (refer to page 3 for injections that require review) MUGA scan Sleep study Stress test Splint modification Tomogram (<i>unless</i> ordered in conjunction with other imaging) UGI Ultrasound Ultrascan Venogram Venous Doppler X-ray 	<ul style="list-style-type: none"> Acute bone grafting with ORIF (includes 60 days from date of injury) Acute Repairs (includes 60 days from date of injury) <ul style="list-style-type: none"> Digital amputation Digital and hand laceration Digital and hand tendon Digital and hand nerve Digital and hand artery Open or closed reductions Carpal tunnel release Cataract surgery Cyst removal de Quervain's release (dorsal compartment release) Detached retina repair Foreign body removal Hardware removal Heart catheterization Hernia repair Neuroma excision Scar revision Skin graft Trigger finger release Vitrectomy repair Wound I & D <p><u>Physical and Occupational Therapy:</u></p> <ul style="list-style-type: none"> Assistive device instruction (crutch care etc.) Initial evaluation Wound debridement and dressing change

Services Not Covered

- | | |
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| <ul style="list-style-type: none">• Acupressure• ARP Wave Accelerated Recovery performance therapy• Athletic trainer services provided under agreement/contract• Chemonucleolysis• Continuous-flow cryotherapy unit• Dry Needling• Injections:<ul style="list-style-type: none">○ colchicine except to treat an attack of gout precipitated by a compensable injury○ chymopapain○ fibrosing or sclerosing agents, except where varicose veins are secondary to a compensable injury and injections of substances other than cortisone, anesthetic, or contrast into the subarachnoid space (intrathecal injections) | <ul style="list-style-type: none">• Intradiscal electrothermal annuloplasty (IDET)• Massage therapy unless provided by PT/OT, or chiropractor in an active therapy plan• NC Stat, Neurometric & Surface EMG• Prolotherapy (sclerotherapy)• Reflexology• Rolfing• Spine strengthening program (e.g. Medx, Spinex)• Surface EMG• Therapies (speech, physical, occupational) by telemedicine• Vertebral axial decompression therapy (Vax-D treatment) |
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